



November 7, 2005

Dear Zoe:

Currently, we are in the middle of open enrollment until November 18, 2005. This means you are able to change your benefit elections without a life status change. I have enclosed the 2005 Benefit Planner for your use; please find a few highlighted changes below:

- We are no longer going to be offering Aetna EPO. If you are currently enrolled in this plan, please elect a different medical carrier.
- United Healthcare POS is now called United Healthcare PPO. This plan still offers out of network coverage at a greater out of pocket expense.
- The coverage dependent age limit is now 25.

Please refer to the Fact Sheets at the back of the Benefit Planner for information on coverage changes.

I have enclosed the 2006 Benefit Planner and the form you will need to complete in order to change your medical provider. If you are not changing your medical provider, but you are electing Flexible Spending, you will need to fill out this form. Please return the form to me via fax at 203-328-4031. As always, you can contact me with any questions you have at 203-351-2092.

Sincerely,

A handwritten signature in cursive script that reads "Cheryl Palmerini".

Cheryl Palmerini

Human Resource Representative, Corporate  
203-351-2092

**TWC BENEFITS PROGRAM****2006 PERSONAL ENROLLMENT FORM - EVENT MAINTENANCE OE**

Starr, Zoe  
19 East 88th St.  
Apt. 3A  
New York, NY 10128

SSN: 518-98-9170  
Employee ID: 1071307  
Date of Birth: 07/04/1964

Process Date: 01/01/2006  
Service Date: 09/08/2003  
Event Class: OE

This statement lists the benefit options and their per pay period costs. Use this worksheet to select your coverages.

Please note these choices will remain in effect throughout the calendar year unless you experience a change in life status. Circle the desired option and put the option code in the space provided on the right.

Return your completed enrollment form to the Human Resources Department by \_\_\_\_\_.

Please keep a copy of this form for your records. If this is your initial enrollment and you do not elect an option or if you do not return the form by the indicated date, your medical coverage and enrollment in the Flexible Spending Accounts will default to Waive Coverage.

**YOUR OPTIONS****OPTION CODES AND COST**

	Employee Only	Employee + Dependent	Employee + 2 or More Dependents	Option Selected
<b>Medical / Dental / Vision</b>				
PPO United Healthcare	\$ 18.18 (137)	\$ 54.78 (138)	\$ 89.76 (139)	Option Code: <u>137</u>
POS Oxford	\$ 18.18 (398)	\$ 54.78 (399)	\$ 89.76 (400)	
EPO United Healthcare	\$ 16.14 (521)	\$ 46.74 (522)	\$ 77.40 (523)	
Waive	\$ 0.00 (900)			

You are currently covered under PPO United Healthcare with Employee Only coverage.

**Dependent Life**

Dependent Life	\$ 1.20 (11)	Option Code: <u>900</u>
Waive	\$ 0.00 (900)	

You are not currently participating in the Dependent Life plan.

**Flexible Spending Account - Health Care**

Minimum Annual Contribution \$ 100.00  
Maximum Annual Contribution \$ 5,000.00

Option Code: 900

Health Care FSA (11)  
Waive (900)

Annual Contribution: \$ \_\_\_\_\_

You are not currently participating in the Flex Spending Health - U.S. plan.

**Flexible Spending Account - Dependent Day Care**

Minimum Annual Contribution \$ 100.00  
Maximum Annual Contribution \$ 5,000.00

Option Code: 900

Annual Contribution: \$ \_\_\_\_\_

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If you have a change in status or if this is open enrollment and you need to add or delete a dependent, please write ADD(A) or DEL(D) in the boxes to the right of **ELECT MEDICAL** and **ELECT DEP. LIFE**. Please complete or correct the information needed to cover your eligible dependents.

NAMES		DOB	GEN- DER  M/F	SSN	*STUDENT (YES/NO)	ELECT MEDICAL  (YES/NO)	ADD/ DEL	ELECT DEP. LIFE  (YES/NO)	ADD/ DEL
Employee	Starr, Zoe	07/04/1964	F	518-98-9170		Yes		No	
Spouse									
Dependent Child									
Dependent Child									
Dependent Child									
Dependent Child									
Dependent Child									
Dependent Child									
Dependent Child									
Dependent Child									

\* For Dependent Child Age 19-24

The OXFORD POS program requires a Primary Care Physician (PCP) and certain Local HMO medical programs may require you to elect a PCP for each covered dependent. Refer to your enrollment material for instructions.

Is your spouse an employee of Time Warner Cable? Yes \_\_\_\_\_ No \_\_\_\_\_

Are any dependent children that are over age 19 disabled? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, name of child from above list \_\_\_\_\_